NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NOTICE	UL	AC		١
(Continued)				

Notice Date Case Name	
Number	

EXCESS PROPERTY (WITH GOOD FAITH)

Payment Month	Cash Aid Paid	Support Collection by the County	Net Cash Aid Paid	Value of Property Over the Limit
	<u> </u>		=	\$
	S			\$
	S		_ =	\$
	S		_ =	\$
	S		_ =	\$
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	S			. \$
	S		=	. \$
	S		_ =	\$
	S		_ =	\$
	S		_ =	. \$
A. Total Net Cash Pa	id		\$:
3. Highest Value of F	roperty Over the Lin	nit		\$
C. The Smaller of A o	or B			\$

Rules: These rules apply; you may review them at your welfare office. MPP 44-352.115

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.